2839

Application Number 09/744,692

Filling Date January 29, 2001

First Named Inventor Massimo ALEARDI

Art Unit 2839

Examiner Name

Attorney Docket Number

T. Le

713-428

REQUEST FOR CONTINUED EXAMINATION (RCE)

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. §1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

Г								`								
1.	L	Submi	ssion re	equire	d under 3	7 C.F.R.	§1.114	J					1	TECHNOLOGY CENTER		:
	a.	Previously submitted											•	=		71
		i. Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on												AUG	ĨΜ	
		(Any un-entered amendment(s) referred to above will be entered). ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on														Ω
l		ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on													5	111
ı		iii. Other:												~	€	
	b.	o. 🛛 Enclosed											7	2003	- i	
		i. *	_		nent/Rep	•						sclosure Staten		(A)		
ı		ii. ☐ Affidavit(s)/Declaration(s) iv. ☑ Other: Petition for Extension of Time														
2.		Miscellaneous														
	a.	Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for														
		a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)														
	b.	Other														
3.	\cap	Fees			The RCE	fee under 3	37 C.F.R.	§1.17(e) is	requir	ed by 37 (C.F.R. §1	.114 when the RCE	is filed.			
	_		The Di											tany		
	a.	∑ The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 07-1337														
		i. RCE fee required under 37 C.F.R. § 1.17(e) - \$750.00														
l		ii.														
ı		iii. Other:														
	b.	Check No in the amount of \$ is enclosed.														
	c.															
ı		WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
	Provide cream card information and authorization on P10-2038.															
					0/0//47	10565	A D.D.L. 1/	CANTA	TTO	DMEV	00.40	ENT REQUIRE				
	4		· · · · · · · · ·		SIGNAI	UKE OF	APPLIC	JANI, A	110	KIVE T,	OK AG	ENT REQUIRE	- 			1 1 1
Name (Print/Type)			/Туре)	Benja	Benjamin J. Hauptman					Registra	tion No. (Attorney/A	gent)	29,310)	3 12	
	Signature										Date	August 20, 20	03			
				,		CERTIF	ICATE	OF MAI	LING	OR TR	ANSM	ISSION				$\overline{}$
l a T	herei n env radei	by certi velope a mark O	fy that the addresse ffice on th	is corre d to: C he date	espondence Commission shown bel	e is being of er For Pat ow.	deposited tents, Bo	with the x RCE, Al	United exand	States ria, VA 2	Postal S 2313-14	ervice with sufficie 50, or facsimile tra	ent posta nsmitted	ge as firs I to the U	st class .S. Pat	mail in ent and
Name (Print/Type)																
Signature							7			Date						
-																